

all
MD

THE CLEVELAND MUSEUM OF ART

FORTY-SEVENTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

MAY 5 to JUNE 13, 1965

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any MAUDE FYHR.

Artist HERBERT

FYHR.

FIRST NAME

Address 4574 WOOD ST. WILLOUGHBY O.

ZIP CODE 44094

COUNTY LAKE

LAST NAME

NO. STREET

CITY

Tel. 942-2660

Out-of-town residents should state whether return shipment is required. YES NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Pts.)	PRICE	TITLE	MEDIUM	CLASS	JUROR'S MARK		
						ACCEPT- ED	REJECT- ED	
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#6	NFS	25 ⁰⁰	COVERED DISH COMPOTE	" POTTERY	7	473(A) A ✓		DO NOT WRITE IN THIS SECTION

SUBMIT ENTRY BLANK NO LATER THAN MARCH 8, 1965.

This entry blank must be fully made out (typewritten or plainly lettered) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the
Museum will have the right to dispose for its own account any entry not called for by
July 25, 1965

It is also understood that accepted entries will remain on exhibition until June 13, 1965

The submission of entries will be construed as acceptance of all conditions printed
in this entry blank.

Herbert T. Fyhr.

SIGNATURE

Maudie K. Fyhr

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

REJECTED: May 8-22

ACCEPTED: June 18-July 3

3/24/65 ES
PAID MAR 5 1965

J ✓

Submit one entry blank, in duplicate, per person; use second blank if more space
is needed. One copy, complete with juror's marks, will be returned to you as no-
tification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO
CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of NCR paper which does not require carbon.